

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	69861	5/11
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	57	5-14-59
FORMALITY REVIEW	<i>[Signature]</i>	45083	5 01 23

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
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150	10/10

BEST AVAILABLE COPY

more than 150 claims or 10 actions  
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